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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number I-2-0494.1US

First Named Inventor Rudolf et al.

COMPLETE IF KNOWN

Application Number 10/806,502

Filing Date March 23, 2004

Group Art Unit 2681

Examiner Name Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRELESS MULTI-CELL COMMUNICATION SYSTEM AND METHOD FOR MANAGING RESOURCE POWER TO PROVIDE HIGH SPEED DOWNLINK PACKET ACCESS SERVICES

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/458,023	03/26/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="24374"/> → Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Namely, the Attorneys of Volpe and Koenig, P.C.							
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="24374"/> OR <input type="checkbox"/> Correspondence address below							
Name	VOLPE AND KOENIG, P.C. DEPT ICC						
Address							
Address							
City	State	ZIP					
Country	Telephone	Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Marian		Rudolf					
Inventor's Signature	<i>Marian Rudolf</i>		Date	20/7/04			
Residence: City	Montreal	State	Quebec	Country	Canada	Citizenship	Federal Republic of Germany
Post Office Address	2046 Rue de la Visitation						
Post Office Address							
City	Montreal	State	Quebec	ZIP	H2L 3C7	Country	Canada
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



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Attny. Docket No. I-2-0494.1US

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
James M.		Miller		
Inventor's Signature		Date		
Residence: City	Verona	State	NJ	Country
			USA	Citizenship
18 Louisburg Square				
Mailing Address				
Mailing Address				
City	Verona	State	NJ	ZIP 07044 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Country Citizenship
Mailing Address				
Mailing Address				
City		State		ZIP Country
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Inventor's Signature		Date		
Residence: City		State		Country Citizenship
Mailing Address				
Mailing Address				
City		State		ZIP Country

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First Named Inventor	Rudolf et al.
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Application Number	10/806,502
Filing Date	March 23, 2004
Group Art Unit	2681
Examiner Name	Not Yet Known

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<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24374 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 24374 OR <input type="checkbox"/> Correspondence address below			

Name	VOLPE AND KOENIG, P.C. DEPT ICC		
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle if any)	Family Name or Surname
Marian	Rudolf

Inventor's Signature						Date	
Residence: City	Montreal	State	Quebec	Country	Canada	Citizenship	Federal Republic of Germany
Post Office Address	2046 Rue de la Visitation						
Post Office Address							
City	Montreal	State	Quebec	ZIP	H2L 3C7	Country	Canada

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Given Name (first and middle [if any])		Family Name or Surname		
James M.		Miller		
Inventor's Signature				Date 7-28-04
Residence: City	Verona	State	NJ	Country
			USA	Citizenship USA
Mailing Address	18 Louisburg Square			
Mailing Address				
City	Verona	State	NJ	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State		Country
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Mailing Address				
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